

**Social Security Administration
OEO DERO FOIA
PO BOX 33022
Baltimore, MD 21290-3022**

To process your request for a copy of your social security application printouts please provide the following information:

(Name)	(Social Security Number)	(Date of Birth)
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If you do not know your Social Security Number, provide the following information:

Name	Date of Birth
Place of Birth	Mother's Maiden Name
Sex	Father's Name

In all cases, provide the following:

Mailing Address	Daytime Phone Number(s)

I am the individual to whom the record pertains (or a person who is authorized to sign this letter on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security Records is punishable by a fine not more than \$5,000 or one year in prison.

Sincerely,

Signature

Date

There is a fee for obtaining this printout. If you know the SSN, the charge is \$16.00; if the SSN is not known, the charge is \$18.00. The applicable fee must accompany this request. You may pay by check, money order, or MasterCard, Visa Discover, American Express or Diner Club.

Please provide the following:

Type of Credit Card: _____
 Card Holder's Name & SSN: _____
 Card Holder's Address: _____
 Daytime Phone Number: _____
 Amount to be Charged: _____
 Credit Card Number: _____
 Month & Year of Expiration: _____